

**EXHIBIT "B"**

Registered No.

Reg. Fee	7.90
Handling Charge	Return Receipt 1.85
Postage	Restricted Delivery \$1.83
Received by	L EM
Customer Must Declare Full Value \$	
<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance	

Date Stamp

Domestic Insurance up to \$25,000 included in the fee. International Indemnity is limited. (See Reverse).

**OFFICIAL USE**

COHEN, SEGELAS, PALLAS, GREENHALL &amp; FURMAN, P.C.

Nemours Building  
 1007 Orange Street, Suite 1130  
 Wilmington, DE 19801

FROM

TO

SPECIALTY SERVICE CONTRACTORS, INC.  
 215 COCKEYSVILLE RD.  
 COCKEYSVILLE, MD 21236

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
 May 2004 (7530-02-000-9051) (See Information on Reverse)  
 For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)